

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

Randy Gill 322487

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

Midland County ; and
Advanced Correctional
Healthcare, INC.

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:20-cv-13195

Judge: Hood, Denise Page

MJ: Ivy, Curtis

Filed: 11-19-2020 At 10:22 AM

PRIS RANDY GILL V MIDLAND COUNTY ET AL (SS)

Jury Trial:

☒ Yes ☐ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Randy Gill
 All other names by which you have been known:

 ID Number 322487
 Current Institution RGC
 Address 3855 Copper St
Jackson MI 49201

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Advanced Correctional Healthcare Inc.
 Job or Title Health care provider
 (if known)
 Shield Number N/A
 Employer Midland County
 Address 3922 W Baking trace
Peoria IL 61615
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Midland County

Job or Title
(if known)

N/A

Shield Number

N/A

Employer

N/A

Address

330 W. Ellsworth St
Midland, Michigan 48640

Individual capacity



Official capacity

Defendant No. 3

Name

Doctor Chellam

Job or Title
(if known)

Doctor

Shield Number

N/A

Employer

Advanced Correctional Healthcare INC

Address

3922 W. Baring Truce
Peoria IL 61615

Individual capacity



Official capacity

Defendant No. 4

Name

N/A

Job or Title
(if known)

Shield Number

Employer

Address



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Equal protection clause that guarantees our safety By the constitution.
 Equal protection of law from the apparent dangers of Covid-19.
 The right to be tested for covid-19, and all officers and
 administration and most important The kitchen staff to be
 tested, 5th, 6th, 14th Amendments.

The right to wear a mask.

The right to clean our living areas, day room, phones,
 Kiosak, bathroom/shower, with bleach everyday.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

- not testing Food steward or kitchen staff to guarantee there are clear of covid-19. to not to spread it into the jail population.
- The right to follow the governor's ordinance with social distancing and allowing us to wear mask, wash hands with anti-bacterial soaps
- cleaning our cells with bleach, Dayrooms, gym, cleaned daily with bleach, many live in danger, Violation of michigan rules of professional conduct.
- Taking money from inmates who are 125% under the poverty rate, upping the housing charge, rising prices on commissary items, All the while refusing to test their staff, and advanced correctional healthcare Inc.
- Denying inmates covid-19 testing, Denying the inmates rights to the equal protection clause, and equal protection of the law, Violating 4th, 5th, 6th, 8th, 14th amendment rights. placing high bonds on the inmates during this health crisis.
- Jail is not a safe place and midland county has refused to use any funding at all to ensure testing and safety from covid-19

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) Slavery & And Involuntary Servitude!!!

8th Amendment (1865)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

Midland County
Midland County 75th district and 42nd circuit.
From Aug 2020 - Sept 2020

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Midland county Jail, in midland county
From Aug 2020 - Sept 2020
Aug 11th, 2020 - Sept 11th 2020

- C. What date and approximate time did the events giving rise to your claim(s) occur?

Aug 2020 - Sept 2020, weekdays, weekends
Aug 11th, 2020 - Sept 11th, 2020 Business hours

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

- Midland County, Everyone know what was happening, other inmates and staff.
1. No mask given, No gloves for cleaning, No antibacterial soap, No Social Distancing
 2. No Bleach For cleaning anything, No testing done on staff, Food Stewartess or administration staff.
 3. Phones, visiting machines, and Kiosk are not cleaned with bleach.
 4. 4th, 5th, 6th, 8th, 14th amendments Violations by 75th District, 42nd circuit courts
 5. No covid-19 testing done to any of the Inmates
 6. It was not a safe place to be during this pandemic.
 7. It places alot of mental, Emotional, Financial, and spiritual Psychological pain and duress.
 8. Deprived of Competent Legal representation due to the health crises, Deprived of competent healthcare treatment, Deprived of a clean and safe environment From Covid-19 and staff that could be possible carriers.
 9. The right to equal protection clause, and equal protection laws guaranteed by the Michigan Constitution. The right to wear mask and gloves. The County Jail and advanced correctional healthcare INC. to Follow the governors ordinances and issue mask and gloves and covid-19 testing and safe, clean, germ Free environment. How can anyone focus on any legal matter when there health is always in danger ???

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Deep Psychological, mental, emotional and spiritual pain and duress.
 Covid-19 testing, gloves, masks, maltreatment, Deliberate Indifference,
 Gross Neglect of Duty, No bleach, No social distancing, Malfeasance not
 Protecting our health, civil rights, Apparent danger from Covid-19,
 never got any testing done, medical malpractice.
 Unsafe living conditions, negligence Per Se.
 Malicious Abuse of the legal process.
 Malicious Prosecution during the Health Crisis.
 Psychiatric torture, duress, Derlict of Duties

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. testing done on all inmates, staff, kitchen workers, administration
For Covid-19.
2. Masks, gloves, Bleach, cleaning of every pod and cell with bleach
3. Low bonds for people at high risk of Covid-19.
4. \$50,000 For pain and suffering. and \$500 For each day of
incarceration during the pandemic
5. That all prisoners full constitutional Rights are
Protected.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

midland county jail

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

with jail staff

2. What did you claim in your grievance?

Danger From Covid-19.
Gross Negligence by advanced Correctional healthcare
Not obeying the governors ordinance, and
not protecting us from staff members who
haven't been tested

3. What was the result, if any?

Nothing at all

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Asked For mask, gloves, testing, bleach.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/17/2020, 2020.

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

City

State

Zip Code

Additional Information:

How do I have someone pay
The filing fee's ??? also as far
as exact Dates I Benlive Aug 11 Til ~~Sept~~
Sept 11th I was transfered to eliten co. where
Conditions was so

Thank you
fml

I would also like copys of everything
sent back to me, please and thank you.

Randy Gill
322487
3855 Cooper St
Jackson, MI 49201

RECEIVED
DEC - 2 2020
CLERK'S OFFICE
U.S. DISTRICT COURT

(PAs)

NOV 19 2020

United States District Court
Clerks office
231 Lafayette Boulevard
Detroit Michigan 48226



11/16/20

